

Form RF-1
Rev. 4/96

Contact Person: Cheryl L. Kizewski
Signature: _____
Telephone No: 715-346-8146

| (1) LINE OF INSURANCE By Coverage | (2) Indicated % Rate Level Change | (3) Requested % Rate Level Change | FOR LOSS COSTS ONLY | | | | |
|---|--|--|-------------------------------|--|--|---|---|
| | | | (4) Expected Loss Ratio | (5) Loss Cost Modification Factor | (6) Selected Loss Cost Multiplier | (7) Expense Constant (If Applicable) | (8) Co. Current Loss Cost Multiplier |
| Private Passenger Auto | 2.4% | 3.0% | N/A | N/A | N/A | N/A | N/A |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| TOTAL OVERALL EFFECT | | | | | | | |

| | |
|------|--|
| N/A | Apply Lost Cost Factors to Future Filings? (Y or N) |
| 7.3% | Estimated Maximum Rate Increase for any Arkansas Insured (%) |
| 0.0% | Estimated Maximum Rate Decrease for any Arkansas Insured (%) |

Corresponds to Question 3 on RF-2 or RF-WC

5 Year History

Selected Provisions

| Year | Policy Count | Rate Change History | | AR Earned | Incurred | Arkansas | Countrywide | A. Total Production Expense | N/A |
|------|--------------|---------------------|-----------|---------------|--------------|------------|-------------|-----------------------------|-----|
| | | % | Eff. Date | Premium (000) | Losses (000) | Loss Ratio | Loss Ratio | B. General Expense | N/A |
| 2001 | 493 | +13.5% | 07/31/95 | 502 | 350 | 69.7% | 76.1% | C. Taxes, License & Fees | N/A |
| 2002 | 429 | +7.0% | 12/12/96 | 469 | 368 | 78.5% | 58.2% | D. Underwriting Profit & | |
| 2003 | 356 | +7.8% | 06/02/03 | 407 | 223 | 54.7% | 46.9% | Contingencies | N/A |
| 2004 | 305 | 0.0% | | 378 | 250 | 66.1% | 52.2% | E. Other (explain) | N/A |
| 2005 | 268 | +2.3% | 03/23/05 | | | | | F. TOTAL | N/A |